| SIFE   |   | PART   | B - FEE(S) TRA   | NSMITTAL   |  |  |   |                                       |
|--|---|--|--|--|--|--|---|---------------------------------------|
| Complete and S   | this form, toget  | e fee(s), to: <u>Mail</u>  | Commissioner<br>P.O. Box 1450  | for Paten  |  |  |   |                                       |
| AFR U O ZUUU   | ربع   |  | or <u>Fax</u>  | Alexandria, Vi.<br>(571)-273-2885  |  | 313-1450   |   |                                       |
| NSTRUCTIONS: THE   | form should be used correspondence including below or directed of thors.          | for transmitting the ISS of the Patent, advance of the Patent, advance of the transmitted in Block 1, by   | UE FEE and PUBLE<br>orders and notification<br>(a) specifying a new of       | CATION FEE (if re<br>of maintenance fee<br>correspondence addre  | quired). Blo<br>s will be me<br>ss; and/or (   | ocks 1 through 5 sl<br>ailed to the current<br>b) indicating a sepa  | hould be comple<br>correspondence<br>trate "FEE ADD   | ctcd where<br>address as<br>RESS" for |
| CURRENT CORRESPOND   | PENCE ADDRESS (Note: Use B  | lock I for any ahange of address)  | -  | Note: A certificate Fcc(s) Transmittal.  | of mailing o   | an only be used fo   | r domestic mail:                                      | ings of the                           |
| 26119  | 7590 01/05  | 72008  |  | papers. Each addition  | mai paper, s   | uch as an assignme   | nt or formel draw                                     | wing, musi                            |
|  | SPARKMAN LL   | P  |  | I hereby certify that  | crtificate of<br>this Fee(s)   | f Malling or Transi<br>Transmittal is being                          | mission<br>deposited with                             | the United                            |
| 121 S.W. SALN<br>SUITE 1600  | ion street  |  |  | I hereby certify that<br>States Postal Service<br>addressed to the M   | with suffices in Stop in the second s | cient postage for firs   | t class mail in a                                     | n envelope<br>; facsimile             |
| PORTLAND, O  | R 97204   |  |  | Kyle B. R  |  | <del></del>  |   | silor's name)                         |
|  |   |  |  | Kyle B. K.   |  |  | . (5-4  | (Signature)                           |
|  |   |  |  | A0=18  | ,200   | <u>ኡ</u>   |   | (Date)                                |
| APPLICATION NO.  | FILING DATE   |  | PIRST NAMED INVEN  |  | ATTORN   | EY DOCKET NO.  | CONFIRMATIO   | ON NO.                                |
| 10/656,301   | 09/04/2003  |  | Ming-Chich Lea   | <del></del>  |  | 382-65018  | 8212  |                                       |
| TTLE OF INVENTION  | : IMAGE COMPRESSI   | ON AND SYNTHESIS I   | OR VIDEO EFFECT  | s 04   | 4/09/2008  | NNGUYEN2 0000  | 0069 024550   | 10656301                              |
|  |   |  |  |  | FC:1501  |  |   |                                       |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE I  |  | FC:1504  |  | DATE D  | u in                                  |
| nonprovisional   | NO  | \$1440   | \$300  | \$0  | OE FEE   | \$1740   | 04/09/2   |                                       |
| BXAMINER ART UNIT  |   | CLASS-SUBCLASS   | <b>—</b>   |  | 31740  | 0-103/2  | 008   |                                       |
| DO, ANH HONG 2624  |   |  | 382-232000   | <u>.                                     </u>  |  |  |   |                                       |
| Change of correspond   | ence address or indication  |  |  | the patent front page.   | list   |  | *   |                                       |
| FR 1.363).  Change of corresp  | ondence address (or Cha   | (1) the names of up to 3 registered patent attorneys 1 Klarquist Sparkman, LL: or agents OR, alternotively,  |  |  |  |  |   |                                       |
| Address form PTO/SI  | ondence address (or Cha<br>3/122) attached.<br>ication (or "Fee Address           | (2) the name of a single furn (having as a member a 2  |  |  |  |  |   |                                       |
| PTO/SB/47; Rev 03-0<br>Number is required.   | 12 or more recent) attach   | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   |  |  |  |  |   |                                       |
| ASSIGNEE NAME A  | ND RESIDENCE DATA   | TO BE PRINTED ON   | <u> </u>   |  | •  |  |   |                                       |
| PLEASE NOTE: Unit  | ess an assignee is identi<br>h in 37 CFR 3.11. Comp                               | fied below no serionee   | dete mill seemen on the  | ha anti-ut   15i-  | ynco ia ident  | tified bolow, the do   | cument has been                                       | n filed for                           |
| (A) NAME OF ASSI   |   | The state of the s |  | CITY and STATE OR  | COUNTRY  | n  |   |                                       |
| Microsoft  | Corporation   | •  | Redmond  | , Washington   | ı  |  | •   |                                       |
| ease check the appropri  | inte assignee category or   | categories (will not be pr   | rinted on the patent):   | Individual XXI   | Corporation  | or other private erro  | mentity 🗀 Ga  | vernment.                             |
| . The following fee(s)   |   |  | · · · · · · · · · · · · · · · · · · ·  | •  |  | · · · · · · · · · · · · · · · · · · ·                                |   | Vermicus                              |
| Issue Fee  |   |  |  | Please first reapply :<br>ed.  | any previos  | isly paid issue ice s  | nown BDOYC)   |                                       |
| Publication Fee (No small entity discount permitted)  Payme Advance Order - # of Copies  The D |   |  |  | t by credit card. Form PTO-2038 is attached.  cotor is hereby authorized to charge the required fee(s), any deficiency, or credit any meat, to Deposit Account Number 2-4-20 (coclose an extra copy of this form). |  |  |   |                                       |
|  |   |  | overpayment, to I  | reby authorized to che<br>Deposit Account Num  | 202049   | 50 lee(s), any defi<br>coclose an                                    | iciency, or credit<br>extra copy of thi               | япу<br>s (о <del>па</del> ),          |
| Change in Entity Stat  | us (from status indicated<br>SMALL ENTITY statu                                   | above)   | Π h  | 1  | 7 b Pb 494   |  |   |                                       |
|  | Publication Fee (if requestords of the United State                               |  | b. Applicant is no<br>from anyone other th                                   | an the applicant; a re   | zistared attor   | T STATUS. See 37 CF  | K 1.27(2)(2).   | T DATY in                             |
| man as strown by the r   | or the United Stat  | es retent and Trademark  | Office.  |  | 2  |  |   | ,y                                    |
| Authorized Signature   |   |  |  | Date April 8, 2008   |  |  |   |                                       |
| Typed or printed name Kyle B. Rinehart   |   |  |  | Registration No47_027  |  |  |   |                                       |
| application of information application. Confident bruiting the completed                       | ition is required by 37 Cl<br>iality is governed by 35<br>application form to the | R 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary the first the first terms of the sent to the  | n is required to obtain<br>1.14. This collection is<br>depending upon the it | or retain a benefit by<br>sestimated to take 12<br>adividual case. Any o   | the public w<br>minutes to comments on   | which is to file (and i<br>complete, including<br>the amount of time | by the USPTO to<br>gathering, propa<br>you require to | process)<br>ring, and<br>complete     |

x 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Exandria, Virginia 22313-1450.

ider the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.